

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006-1

1. MONTH OF JULY 1, 2008 THRU JULY 31, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | Y | N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | Y | N | <input checked="" type="radio"/> N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 9/22/08 Date sent to user _____Date due back _____ Reviewer C.J.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: Allen Linen Supply and Laundry Service IncMAILING ADDRESS: 407 20th Ave Paterson N.J. 07513FACILITY LOCATION: 971 E 24th Street Paterson N.J. 07513CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Chris GomezTELEPHONE: 973-742-6131NEW CUSTOMER ID / OUTLET ID: 27220006

OLD OUTLET DESIGNATION: _____

MONITORING PERIOD

Average

Maximum

Start		
07	01	08
MO	DAY	YR

End		
07	31	08
MO	DAY	YR

Regulated Flow-gal/day

Total Flow-gal/day ~~59235~~ ~~65158~~59,23565,158

Method Used:

1362408 gals x.95= Divided by 23

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.084		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.080		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-IHEM	Sample Measurement	ND < 5		Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets):

AUG 21 2008

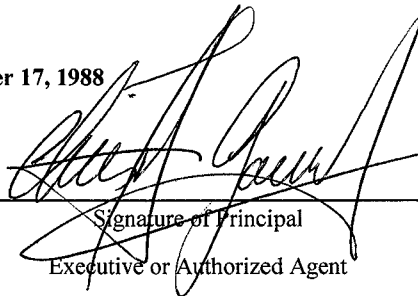
Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: Allen Linen is in compliance with the rules and regulations of PVSCExplain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph less than 2

No te: no changes made to the plot plan for this facility

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal
Executive or Authorized AgentChris GomezOperations Manager

Type Name and Title

8/14/08

Date

Allen Linen Process Water Meter Reading

07/01/08 starting water meter reading 85177775 gallons

07/31/08 ending meter reading 86540183 gallons

86540183

85177775

1362408gallons

1362408 total gallons for the month of June

1362408 divided by 23 days= 59235 gallons per day

INTEGRATED ANALYTICAL LABORATORIES
CHAIN OF CUSTODY

CUSTOMER	
Company:	ALLEN LIVEN
Address:	407 200th AVE PATERSON NJ
Telephone #:	
Fax #:	
Project Manager:	
Sampler:	
Project Name:	PVSC DISC
Project Location (State):	
Bottle Order #:	
Quote #:	

REPORTING INFO	
REPORT TO:	HANOVER POSTALS
Address:	11 WINDSOR WAY E HANOVER NJ
Attn:	
FAX #	E MAIL
INVOICE TO:	SAME
Address:	
Attn:	
PO #	

PHC- MUST CHOOSE	
DRO (3-5 day TAT)	QAM025 (5 day TAT min.)
SEE BELOW (under comments section for explanation)	
Verbal/Fax	2 wk/Std
24 hr* 48 hr*	72 hr* 1 wk*
Hard Copy	3 wk/Std
Other *call for price	

Rush TAT Charge **	
24 hr - 100% ...	
48 hr - 75% ...	
72 hr - 50% ...	
96 hr - 35% ...	
5 day - 25% ...	
6-9 day 10%	
Report Format	
Results Only	
Reduced	
Regulatory - 15% Surchage applies	
Other (describe)	
DISKETTE	
SRP. dbf format	
SRP. wk1 format	
lab approved custom EDD	
NO DISK/CD REQ'D	

ANALYTICAL PARAMETERS			
Cooler Temp <u>5</u> °C			
# BOTTLES & PRESERVATIVES			
HCl			
NaOH			
HNO3			
H2SO4			
MeOH			
Other			
None			
Encore			

Conc. Expected: Low Med High	
MDL Req: Old GWQS - 11/05 GWQS - SCC - OTHER (SEE COMMENTS)	

Turnaround Time (starts the following day if samples rec'd at lab > 5PM)	
* Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. ** RUSH SURCHARGES WILL APPLY IF ABLE TO ACCOMMODATE.	
Comments: <u>CLZ ZR</u>	
Lab Case # <u>77A-12</u>	
DRO (8015B) - used for: Fuel Oil #2/Home Heating Oil #1 #2	
QAM-025 (OQA-QAM025) - used for: all other fuel oils and unknown contamination	
PAGE: <u>1</u> of <u>1</u>	

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ANALYTICAL PARAMETERS			
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NaOH			
HNO3			
H2SO4			
MeOH			
Other			
None			
Encore			

Conc. Expected: Low Med High	
MDL Req: Old GWQS - 11/05 GWQS - SCC - OTHER (SEE COMMENTS)	

Signature/Company	
Relinquished by:	Received by:
Relinquished by:	Received by:
Relinquished by:	Received by:
Relinquished by:	Received by:
Relinquished by:	Received by:

LAB COPIES - WHITE & YELLOW; CLIENT COPY - PINK

8057

01/2007 rev

Ref No: G 383600188



ANALYTICAL DATA REPORT

for
Allen Linen
 407 20th Avenue
 Paterson, NJ 07513

Project Name: PVSC DISC
Lab Case Number: E08-08057

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 08057-001

Client ID: PROCESS

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 7/15/2008

Time Sampled: 12:00

Date Analyzed: 7/16/08

Parameter	Result	Q	MDL
Copper	0.084		0.008
Zinc	0.080		0.008

General Analytical

Lab ID: 08057-001

Client ID: PROCESS

Percent Moisture: 100

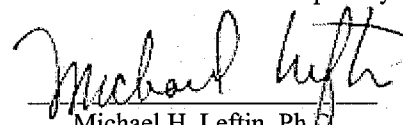
Date Sampled: 7/15/2008

Time Sampled: 12:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	446	2.00	Aqueous-mg/L	7/16/2008 8:00
Total Suspended Solids	102	25.0	Aqueous-mg/L	7/16/2008 15:00
TPH- SGT HEM	ND	5.00	Aqueous-mg/L	7/23/2008 10:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:


 Michael H. Leftin, Ph.D.
 Laboratory Director

273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program